

COMMITTEES

Health Committee:

Chairman: Ald. William Parry.

Vice-Chairman: Ald. Mrs. C. Lloyd.

Members: All members of the County Council,
together with the Chairman and
Vice-Chairman of each of the
District Health Committees, and
the following

Co-opted Members: Mrs. R. I. Affleck, Wrexham.
Mrs. Christopher Davies, Wrexham
Miss E. M. Evans, Ruthin.
Mrs. W. A. Evans, Denbigh.
Mrs. Llewelyn Hughes, Llangollen.
Dr. Trevor Hughes, Ruthin.
Mrs. Cyril O. Jones, Gresford.
Mrs. May Jones, Wrexham.

Health Sub-Committee:

Chairman: Ald. William Parry.

Members: Ald. E. A. Cross.
Ald. Mrs. C. Lloyd.
Ald. Edward Williams.
Ald. Mrs. Florence Jones.
Coun. J. H. Williams.

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Foreword

In the previous Annual Report the various services were comprehensively reviewed and, as little of outstanding importance occurred in 1953, the Report for the year is accordingly brief.

Statistically, there were no significant variations. The increased maternal mortality rate emphasised the unremitting efforts needed in the ante-natal clinics if deaths from pregnancy are to be kept at the lowest possible. Although the infant mortality rate for the County has continued to decrease, it is still higher than for the country as a whole, which indicates that there is scope for further effort in this direction.

After a few initial difficulties, Bersham Hall became fully operative by the middle of the year, admitting unmarried mothers from the six North Wales counties for care, attention and guidance. The majority of these mothers, unfortunately, have arranged, before admission, for the adoption of their babies. While this may seem a satisfactory and easy solution, I doubt whether, in the long run, it is the best course, for it is not until the child has been born that the maternal instinct is fully aroused and the feeling of guilt, which many of these mothers feel, is heightened by their permanent separation from their babies.

The child welfare clinics have increased and the need for additional clinics and suitable buildings has received frequent consideration. To meet these demands, arrangements were made for transporting rural mothers into the most convenient clinic and, in this way, many children from remote areas are able to benefit from the clinic facilities. Yet, I regret to report that the number of infants being vaccinated and immunised is well below the optimum, despite strenuous efforts by the Health Department.

The Ambulance Service has coped splendidly with demands and I express my appreciation for the valuable assistance received

by the Health Department. in running this service from the Welsh Home Service Ambulance Committee, the St. John Ambulance Brigade, the Colwyn Bay Ambulance Corps, car proprietors and the W.V.S. While the majority fully deserve commendation, it is evident that the enthusiasm of some is waning and there have been emergencies when this has resulted in undue delay. It is remarkable that the volunteers have persevered, as the flagrant abuses of the service which have occurred were enough to discourage any man from sacrificing leisure, rest and sleep. However, these occurrences are now few, due to close supervision, co-ordination and co-operation from all concerned, but constant vigilance is essential.

The graph on page 51 shows that the number of patients carried has increased steadily from 1948 to 1952. There was a slight diminution in the 1953 total. Probably the figure will remain at about 39,000 patients per year. The total mileage has decreased, stabilising the cost of the service despite growing demands.

The table on page 50 has been compiled to indicate the estimated cost of the service for 1953 if the trends of the previous years had persisted. The annual decrease in mileage is significant but does not convey the entire extent of the economies brought about by this department and the table referred to is an attempt to illustrate the total financial saving which has resulted from co-ordination and supervision of this service. This has been achieved by centralising control at Wrexham and Colwyn Bay. I would acknowledge the assistance received from Dr. McKendrick and the staff of the Health Department, Colwyn Bay, in ensuring this satisfactory outcome.

Deep concern arose following a visit from the Mass Radiography Unit to Rhos. Pneumoconiosis is a disease frequently associated with the mining industry and, when many men were informed that they had evidence of this disease, demands were made at the Health Committee for an enquiry into the working conditions at the mines in the locality. The Coal Board, being

alive to this problem, had already commenced studying the problem and was organising a comprehensive research into all factors affecting the development of this disease. I have expressed, in the text, my appreciation for being allowed to see for myself all that had been done and to inspect the working conditions from the pit head to the coal face and to scrutinise the various scientific reports on the dust conditions existing in various parts of the pit over a considerable period of time.

Although 1953 may not be an outstanding year, it has not been without progress, for the services provided by the Health Department were constantly expanding, not because of legislation but due to a more liberal interpretation of responsibilities placed on the Local Health Authority. There is yet more that can be done to maintain health and prevent disease and, while exhorting all concerned to renewed efforts, it would only be fitting for me to express my gratitude not only to the staff of the Health Department but also to the Local Health Authority for the assistance, guidance and kindness which I have invariably received from the Council, and particularly for the sympathy and understanding of the problems of members of the staff who have been afflicted with prolonged illness.

Finally, it is a pleasure for me to record, once again, my indebtedness to the Chairman, Alderman William Parry, and the Vice-Chairman, Alderman Mrs. C. Lloyd, not only for inspiration and wise counsel, but also for their keen interest and loyal support.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department,
16 Grosvenor Road,
WREXHAM.

September, 1954.

ANNUAL REPORT FOR 1953

PART I

Statistics and Social Conditions of the County

Area of Administrative County	... ..	427,677 acres
Population (Census 1951)	... ..	170,699
Estimated Population Mid-year	... ..	170,400
Rateable Value	... ..	£909,517
Estimated Product of Penny Rate	... ..	£3,585

BIRTHS AND DEATHS.

Live Births.	M	F	Total
Legitimate	1294	1153	2447
Illegitimate	50	48	98
Total	1344	1201	2545

Live birth rate per 1,000 of the estimated population ... 14.9

	M	F	Total
Still-births	32	39	71

Still-birth rate per 1,000 births (live and still births) ... 27.1

	M	F	Total
Deaths	1077	1027	2104

Death rate per 1,000 of the estimated population ... 12.3

Maternal Mortality (Deaths from pregnancy or child-birth)	4
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Maternal mortality rate (deaths per 1,000 live and still births ... 1.5

Infant Mortality	M	F	Total
Deaths of Infants under 1 year	48	30	78
Deaths of Legitimate Infants under 1 year ...	47	26	73
Deaths of Illegitimate Infants under 1 year ...	1	4	5

Infant mortality rate 30.6

COMPARATIVE RATES

Rate	Denbigh-shire	England and Wales
Birth Rate	14.9	15.5
Death Rate	12.3	11.4
Maternal Mortality Rate	1.5	
Infant Mortality Rate ...	30.6	26.8

BIRTHS AND BIRTH RATES

2,545 live births were registered during the year, as compared with 2,687 in 1952. This gives a birth rate of 14.9 per 1,000 population, as compared with 15.1 in the previous year. The birth rate for England and Wales was 15.5.

The following table gives the number of births, deaths and infant deaths for each of the past ten years:

TABLE I.

Year	Estimated Population	No. of Live Births	Birth-rate per 1000	No. of Deaths	Death-rate per 1000	No. of deaths under 1 year of age	Infant death- rate per 1000 births
1944 ...	164630 ...	2890 ...	17.5 ...	2033 ...	12.3 ...	128 ...	44.2
1945 ...	162390 ...	2636 ...	16.2 ...	2168 ...	13.4 ...	160 ...	60.0
1946 ...	165020 ...	2952 ...	17.8 ...	2177 ...	13.1 ...	130 ...	44.0
1947 ...	166430 ...	3340 ...	20.0 ...	2227 ...	13.3 ...	145 ...	43.4
1948 ...	167493 ...	3029 ...	18.0 ...	2024 ...	12.0 ...	116 ...	38.2
1949 ...	168452 ...	2869 ...	17.0 ...	2195 ...	13.0 ...	116 ...	40.4
1950 ...	169686 ...	2820 ...	16.6 ...	2253 ...	13.2 ...	121 ...	42.9
1951 ...	170400 ...	2558 ...	15.0 ...	2490 ...	14.6 ...	91 ...	35.5
1952 ...	170700 ...	2687 ...	15.1 ...	2054 ...	12.0 ...	91 ...	33.8
1953 ...	170400 ...	2545 ...	14.9 ...	2104 ...	12.3 ...	78 ...	30.6

The birth rate for the County has fallen, for the first time during the past ten years, below 15, to 14.9 births per 1,000 population, which is appreciably below the national figure. This adverse comparison is further emphasised by the fact that the death rate and infant mortality rate in Denbighshire are higher than in England and Wales. In brief, as compared with England and Wales, fewer babies are being born in the County, more die during the first year, and the number of people dying is greater. The reasons for this are manifold, but one conclusion may be that it is time for the Health Services of the County to expand and concentrate its efforts on the prevention of disease and maintenance of good health.

It will be noted that the infant mortality rate for the County has declined markedly during recent years and has compensated to some measure for the declining birth rate. In 1951 there were 2,558 births and 91 infant deaths, leaving 2,467 infants surviving to one year of age, while for 1953, out of 2,545 births, there were living at one year of age 2,467. The continued improvement in social environment and health services has contributed substantially to this saving of infant life.

TABLE II.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1953

Districts.	Estimated Population	Total No. of Births	Birth-rate	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate
Western No. 1:							
Abergele	7099	105	15.0	3	28.8	102	14.3
Colwyn Bay	22090	224	10.1	9	41.8	352	15.9
Aled Rural	7056	94	13.3	2	21.7	67	9.4
Western No. 2:							
Denbigh Borough	8092	129	15.9	4	31.7	173	21.3
Llanrwst	2610	47	18.0	1	21.7	34	13.0
Ruthin Borough	3598	46	12.7	—	—	41	11.3
Hiraethog Rural	5142	84	16.3	2	24.0	63	12.2
Ruthin Rural	9567	160	16.7	4	25.3	96	10.0
Eastern No. 1:							
Wrexham Rural	62180	1033	16.6	33	32.8	711	11.2
Ceiriog Rural	7375	115	15.5	3	27.0	99	13.4
Llangollen Urban	3171	46	14.5	—	—	45	14.1
Eastern No. 2:							
Wrexham Borough ...	32420	532	16.4	17	32.8	321	9.9
Total County ...	170400	2616	14.9	78	30.6	2104	12.3

MATERNAL MORTALITY

The maternal deaths that occurred during 1953 stress most forcibly the need for complete and competent ante-natal care. Despite the provision of efficient services, it is regrettable that some mothers fail to benefit from them, either due to misguided advice or mere indifference. Culprits in this respect only too frequently are the grandmothers, whose ideas on child-bearing seem to be derived from mediaeval times. The situation is further aggravated by the lack of co-ordination between the various health services responsible for ante-natal care. The dilatory attendance of a mother at an ante-natal clinic should be the concern of those who have accepted responsibility for the patient, and strenuous efforts should be made to ensure that despite the mother's apathy, her health throughout this trying period is maintained at peak level. Those attending a Local Health Authority ante-natal clinic are constantly supervised both at home and at the clinic, but I doubt whether such efforts are made by the other services.

A few medical practitioners openly advise parents not to attend the Local Health Authority clinics, irrespective of the high tradition maintained in this field by the maternity and child welfare services of this County. Surely, such terms as consultation, collaboration and co-operation confuse rather than correct the situation.

The following tables shows the maternal mortality rate in Denbighshire for the past ten years.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Maternal Mortality	1.0	2.5	2.6	1.4	0.9	1.3	1.4	1.5	.36	1.5

TABLE III.

CAUSES OF INFANT DEATHS, 1953

Disease	Males	Females
Whooping Cough	—	1
Meningococcal Infection	1	—
Measles	1	—
Pneumonia	4	4
Bronchitis	1	—
Other Diseases of the Respiratory System.	1	—
Congenital Malformations ...	8	8
Other Defined and Ill-defined Diseases	31	15
All Other Accidents	1	2
Totals	48	30

CHIEF CAUSES OF DEATH.

The principal causes of death are shown in the following table :

TABLE IV.

Causes of Death.	1952		1953	
	No. of deaths.	Per cent. of total deaths.	No. of deaths.	Per cent. of total deaths.
Heart Disease	743	... 36.1	674	... 32.0
Cancer	328	... 15.9	305	... 14.4
Vascular lesions of nervous system	334	... 16.2	344	... 16.3
Pneumonia	44	... 2.1	70	... 3.3
Tuberculosis (all forms)	34	... 1.6	29	... 1.3
Bronchitis	104	... 5.0	72	... 3.4
Nephritis	28	... 1.3	40	... 1.9
Other circulatory diseases	67	... 3.2	89	... 4.2
Other defined and ill-defined diseases	226	... 11.0	218	... 10.3
Hyperplasia of prostate	—	—	38	... 1.8

HEART DISEASE.

Heart disease continues to be the principal cause of death. 674 were registered in 1953, as compared with 743 in 1952. This shows a percentage of 32.0 of the total deaths from all causes and is equivalent to a death rate of 3.9 per 1,000 of the estimated population.

Of this figure of 674 total deaths due to heart disease, 539 (or 79.9 per cent) occurred amongst persons of 65 years or over.

The following table analyses the deaths from heart disease at various age groups for the past five years:

TABLE V.

Year	All ages	0—5	5—15	15—45	45—65	65 and upwards
1949	... 667 ...	— ...	4 ...	16 ...	117 ...	530
1950	... 723 ...	— ...	1 ...	28 ...	119 ...	575
1951	... 810 ...	— ...	— ...	18 ...	130 ...	662
1952	... 743 ...	— ...	1 ...	14 ...	130 ...	598
1953	... 674 ...	— ...	— ...	8 ...	127 ...	539

CANCER

Cancer accounted for 305 deaths during the year, as compared with 328 in 1952.

The following table gives the number of deaths from cancer, together with death rates in the Administrative County for the past ten years:

TABLE VI.

Year.	No. of Deaths.	Death-rate per 1000 population.
1944	... 314	... 1.8
1945	... 345	... 2.2
1946	... 343	... 2.0
1947	... 344	... 2.0
1948	... 361	... 2.1
1949	... 347	... 2.0
1950	... 328	... 1.9
1951	... 334	... 1.9
1952	... 328	... 1.9
1953	... 305	... 1.7

As indicated in previous reports, the Health Department has continued to collaborate with the British Empire Cancer Campaign Survey of Environmental conditions in respect of all cancer deaths in Denbighshire, under the direction of Dr. Percy Stocks. This research has placed a heavy burden on the Health Department and particularly the Health Visitors, who have carried out the difficult and delicate enquiries. 230 completed reports were forwarded during the year and many of these needed several visits before the enquiries were completed. The exceptionally few refusals to co-operate, even under such distressing conditions, indicate clearly the sympathetic and diplomatic approach of the Health Visitors to this difficult task.

TABLE VII.

The following table gives the death rates from all causes of Cancer according to Sanitary Districts:

District.	Deaths.			Rate per 1000 popula- tion.
	Males.	Females.	Total.	
Western No. 1.				
Abergele	7	6	13	1.8
Colwyn Bay	25	32	57	2.5
Aled	2	3	5	.7
Western No. 2.				
Denbigh	15	10	25	3.0
Llanrwst	3	2	5	1.9
Ruthin B.	1	2	3	.8
Hiraethog	6	5	11	2.1
Ruthin R.	5	7	12	1.2
Eastern No. 1.				
Wrexham R. ...	60	49	109	1.7
Ceiriog	5	5	10	1.3
Llangollen	2	3	5	1.5
Eastern No. 2.				
Wrexham B. ...	26	24	50	1.5
	—	—	—	—
Total County	157	148	305	1.7
	—	—	—	—

TABLE VIII.
CANCER—AGE AND SEX DISTRIBUTION.

Age Groups.	Males.	Females.	Total.
Under 1 year	—	—	—
1 - 5 years	—	1	1
5 - 15 years	2	—	2
15 - 25 years	2	—	2
25 - 45 years	9	5	14
45 - 65 years	56	55	111
65 years and upwards	88	87	175
	—	—	—
Totals	157	148	305
	—	—	—

ACCIDENTS.

TABLE IX.

**Deaths from Vehicular and Other Accidents which occurred
in Denbighshire during 1953, giving Age and Sex
Distribution.**

Age Group.	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0 - 1 year	—	—	—	1	2	3
1 - 5 years	—	—	—	2	1	3
5 - 15 years	1	—	1	—	—	—
15 - 25 years	7	1	8	2	—	2
25 - 45 years	4	—	4	4	—	4
45 - 65 years	4	—	4	12	2	14
65 - 75 years	1	—	1	1	2	3
75 years and upwards	1	1	2	6	20	26
	18	2	20	28	27	55

TABLE X.
CAUSES OF DEATH, 1953
The following Table gives the causes of death and
distribution according to districts.

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	TOTAL
Tuberculosis respira- tory .....	..	..	..	5	3	1	..	1	..	1	5	10	26
Tuberculosis Other ..	..	..	1	..	..	..	..	..	..	..	..	2	3
Syphilitic disease	1	..	..	1	..	..	..	1	..	..	..	..	3
Diphtheria .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ....	..	..	..	..	..	..	..	..	..	..	..	1	1
Meningococcal infec- tions .....	..	..	..	..	..	..	..	..	..	..	2	..	2
Acute Poliomyelitis .	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..	..	..	1	1
Other Infective and Parasitic Diseases .	..	..	..	1	..	..	..	..	..	..	1	4	6
Malignant Neoplasm —Lung, Bronchus .	1	..	1	12	1	..	1	..	1	1	6	14	38
Malignant Neoplasm —Stomach	1	1	2	4	5	5	2	2	..	2	8	33	65
Malignant Neoplasm —Breast	2	2	1	4	4	1	1	1	..	1	5	13	35
Malignant Neoplasm —Uterus .....	..	..	..	2	1	1	..	..	1	..	4	4	13
Other Malignant and Lymphatic Neo- plasms	9	2	6	35	14	4	1	2	1	8	27	45	154
Leukaemia, Aleukae- mia .....	..	..	..	1	2	..	..	..	1	3	2	3	12
Diabetes	1	..	..	4	..	..	..	..	..	..	..	6	11
Vascular lesions of nervous system	17	15	16	71	12	10	12	4	7	19	51	110	344
Coronary disease, angina	13	4	10	46	27	6	5	5	6	9	35	94	260
Hypertension with Heart Disease	2	3	1	10	10	2	1	1	..	..	7	13	50
Other Heart Disease	11	9	30	55	49	19	11	4	12	17	54	93	364
Other Circulatory Disease	8	7	4	21	5	2	1	1	1	4	10	25	89
Influenza	2	3	1	3	..	1	..	..	..	..	..	6	16
Pneumonia	5	3	2	7	9	..	..	2	..	7	10	25	70
Bronchitis	4	2	4	6	2	..	2	2	2	2	8	38	72
Other diseases of Respiratory System	1	1	1	4	2	1	..	1	..	..	4	14	29
Ulcer of Stomach, Duodenum .....	..	..	1	3	3	..	1	..	..	1	5	3	17
Gastritis, Enteritis and Diarrhoea .....	..	..	..	2	..	1	..	..	1	..	1	6	11

(Table continued overleaf).

Table X. Causes of Death, 1953 (continued).

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro'	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	Totals
Nephritis and Nephrosis	3	1	...	4	6	2	1	...	...	3	5	15	40
Hyperplasia of Prostate	2	4	1	4	1	1	1	...	2	3	3	16	38
Pregnancy, child-birth, abortion	1	...	...	...	...	1	...	...	...	1	...	1	4
Congenital malformations	3	...	1	2	1	...	1	3	...	1	4	7	23
Other defined and ill-defined diseases ...	15	9	11	34	11	4	4	1	3	7	39	80	218
Motor vehicle accidents .....	...	1	1	2	1	...	...	...	1	1	6	7	20
All other accidents ...	...	...	4	8	4	1	...	3	1	4	14	16	55
Suicide .....	...	...	...	1	...	...	...	...	1	1	4	6	13
Homicide and operations of war .....	...	...	...	...	...	...	...	...	...	...	1	...	1
All causes	102	67	99	352	173	63	45	34	41	96	321	711	2104

TABLE XI.

The percentages of deaths at different age periods are given below:

Age Periods.	No. of Deaths			Percentage of Total Deaths
	M.	F.	T.	
0 - 1 years	48	30	78	3.7
1 - 5 years	2	10	12	.5
5 - 15 years	7	1	8	.3
15 - 25 years	16	11	27	1.2
25 - 45 years	41	30	71	3.3
45 - 65 years	274	204	478	22.7
65 - 75 years	305	243	548	26.0
75 years & upwards	384	498	882	41.9

PART II

Administration

There have been few changes in the administration of the Health Department. Although the need for Sub-Committee meetings at regular intervals has been stressed on previous occasions, it has not yet been arranged and while the Health Sub-Committee has served a very useful function, it would facilitate the work of the Department if it were to meet regularly and at specified intervals.

The County has been divided into four Districts, each served by a whole-time Medical Officer of Health. The Authorities comprising these Districts and their Medical Officers of Health are shown in the following table:

District	Authorities	Medical Officer of Health
Western No. 1	Colwyn Bay Abergele Aled	Dr. W. McKendrick
Western No. 2	Denbigh Hiraethog Llanrwst Ruthin Borough Ruthin Rural	Dr. M. Jones Roberts
Eastern No. 1	Ceiriog Llangollen Wrexham Rural	Dr. T. Kenrick Hughes
Eastern No. 2	Wrexham Boro'	Dr. Evan Williams

During the year, Dr. A. A. Shone resigned after having given two years excellent service to this County. The vacancy was filled in October by Dr. D. J. Wilson, who, due to a change in allocation of duties, was stationed at Colwyn Bay, which provides a most convenient base for schools and clinics in the Conway Valley.

One Dental Officer was appointed during the year and stationed at Abergele.

The Deputy Superintendent Nursing Officer was absent from duty owing to sickness and it is reassuring to know that she will be returning to duty in the near future.

The Health Visitors are up to establishment, having been re-inforced by the appointments of Miss A. E. Jones and Miss E. Foulkes.

The Senior Administrative Officer, Mr. T. J. Davies, resigned on 31st December, 1953, which left both the Senior and Deputy Administrative Officer posts vacant. Mr. Davies has meritoriously served the Health Department for thirty years and his resignation, which was received with much regret, deprived the staff of a loyal colleague and a valued friend. Our sincere best wishes for continued success accompany him to his new life in the U.S.A.

STAFF OF THE HEALTH DEPARTMENT

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
Medical.				
County M.O.H. and School M.O.	1	1	Dr. M. T. Islwyn Jones	Wrexham
Deputy C.M.O.H. and School M.O.	1	1	Dr. R. G. Davies	Wrexham
District M.O.H. and Assist. C.M.O.H.	4	4	Dr. W. McKendrick Dr. M. Jones Roberts Dr. T. K. Hughes Dr. Evan Williams	Colwyn Bay Denbigh Wrexham Wrexham
Assist. C.M.O. and Assist. School M.O.	3	3	Dr. Sybil Edwards Dr. A. J. Smith Dr. D. J. Wilson	Llangollen Wrexham Colwyn Bay

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
Dental:				
Senior Dental Officer	1	1	Mr. J. G. Roberts	Wrexham
Assistant Dental Officer	2	6	Mr. H. E. Fussell Mr. J. P. Reid	Colwyn Bay Abergele
Nursing:				
Supt. Nursing Officer	1	1	Miss W. M. Chune	Wrexham
Deputy S.N.O.	1	1	Miss Eirlys Jones	Wrexham
Assistant S.N.O.	1	1	Miss F. V. Ramsey	Wrexham
Health Visitors and School Nurses:				
	19	19	Miss E. A. Beech Miss E. A. Bodsworth Miss D. Bryant Miss M. D. Evans Miss S. C. Evans Miss M. Wynne Evans Miss E. Foulkes	Ruthin Gresford Wrexham Llanrwst Denbigh Llangollen Coedpoeth

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
Health Visitors and School Nurses (cont.)			Mrs. I. E. Garner Miss E. Griffiths Mrs. A. E. Jones Miss A. E. Jones Miss K. Jones Miss M. E. Jones Miss W. L. Parry Mrs. V. Richards Miss M. Robinson Mrs. M. Williams Mrs. A. Martin Mrs. L. Warne	Abergele Ruabon Broughton Chirk Rhos Colwyn Bay Wrexham Wrexham Wrexham Colwyn Bay Wrexham Wrexham
Tuberculosis Visitors:	2	2	Miss M. Lloyd Edwards Miss M. Thomas	Wrexham Abergele
District Nurses and Midwives:	54	54	Nurse E. M. Beattie " A. B. Blackwell " M. Cheney " M. Cochrane " N. M. Crump	Holt Wrexham Old Colwyn Denbigh Gwersyllt

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
District Nurses and Midwives (cont.)			Nurse A. Davies " E. Davies " M. H. Edwards " D. Edkins " A. M. Ellwood " G. M. Evans " J. Gallagher " H. Godsal " N. B. Holly " M. Holland " D. G. Hughes " J. H. Jones " M. J. Jones " N. Jones " G. Llewelyn " A. M. Lloyd " E. E. Lloyd " F. MacLellan " F. E. Manning " M. E. Mansley " M. A. Matthias " E. Jones	Trefnant Llansannan Wrexham Ruabon Glan Conway Gwersyllt Gresford Wrexham Llansilin Clawddnewydd Glynceiriog Cerrigydrudion Nantglyn Cefn Mawr Llanrwst Llanrhaiadr Y.M. Brymbo Llay Brymbo Wrexham Gwersyllt Wrexham

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
District Nurses and Midwives (cont.)			Nurse L. Morris	Wrexham
			H. C. Munro	Pentrevoelas
			E. Parry	Brynteg
			O. Parry	Llay
			G. N. Pritchard	Old Colwyn
			O. Prodder	Cefn Mawr
			A. W. Richards	Relief
			E. Roberts	Llangollen
			K. Roberts	Dolwen
			G. Jones Roberts	Broughton
			F. Rothwell	Abergele
			A. Shaw	Colwyn Bay
			M. P. Smith	Ruthin
			M. Taylor	Rhostyllen
			A. V. Thomas	Garth
			E. M. Thomas	Wrexham
			S. M. Thomas	Abergele
			M. Watson	Colwyn Bay
			G. M. Williams	Chirk
			M. Williams	Llangerniew
			M. M. Williams	Rhewl
			S. Williams	Bwlchgwyn
			F. G. Watkins	Llysfaen
			M. A. Williams	Old Colwyn

Designation of Post	No. holding post	No. on Establishment	Name of Officer	Location
District Nurses and Midwives (cont.)			Nurse S. C. Williams " L. I. Jones " F. G. Wynne	Rhos Llanarmon-yn-Ial Rhos
Duly Authorised Officers:	6	Equivalent to two whole-time	Mr. C. Ll. Edwards Mr. H. E. Romney Mr. Tudor O. Jones Mr. R. D. Jones Mr. Brinley Edwards Mr. H. Kyffin Jones	Ruthin Ruthin Wrexham Ruthin Chirk Colwyn Bay
Dental Attendants:	4	6	Mrs. M. Jarvis Miss I. E. Sanderson Miss A. Cudworth Miss J. M. Crabbe	Wrexham Colwyn Bay Wrexham Abergele
Clerical:				
*Senior Administrative Officer	1	1	Mr. T. J. Davies	Wrexham
Deputy Administrative Officer	—	1	Vacant	—
Senior Section Clerks	4	4	Mr. Gwilym Davies Mr. J. E. Evans Mr. Gerald Howard Miss E. Hughes	Wrexham Wrexham Wrexham Wrexham
* Resigned 31st December, 1953				

PART III

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN

The administrative arrangements for the performance of responsibilities under Section 22 of the National Health Service Act were comprehensively reviewed in the 1952 Annual Report and these have not been materially altered. The trends, operative since 1948, have continued to develop and it is becoming more evident that the emphasis in Local Health Authority clinics must rest on educative rather than clinical functions. This transition is tardily accepted by the mothers and the changing conception is not the universal inducement that an ante-natal clinic, which combined both functions, possessed. This was particularly reflected in the attendances at those clinics staffed by Assistant Medical Officers, but even some of the consultative clinics have dwindled appreciably.

During the year it became apparent that the attendances at the Ruthin ante-natal clinic did not justify a session being devoted to this purpose. After careful consideration it was decided to amalgamate the work into the Child Welfare session. The situation in this area reflects the keen interest being taken by the General Practitioner Obstetrician in ante-natal care. The appointment of a Consultant Obstetrician to the Clwyd and Deeside Hospital Management Committee has materially influenced the situation in the western part of the County; for the hospital services have been expanded and the St. Asaph Hospital Maternity Unit has been further developed. This, too, has affected the use made of the Local Health Authority services, indicating the need for constant re-assessment and re-deployment.

Towards the end of 1953, a joint meeting was convened of general practitioners, the Clwyd and Deeside Hospital Management Committee and Local Health Authority representatives to discuss the closer integration of the ante-natal services. It was considered that the present one consultative clinic per month at Colwyn Bay was inadequate and the Clwyd and Deeside Hospital Management Committee proposed that their Consultant Obstetrician should augment the service by holding two to four sessions per month. The possibility of associating the two consultant clinics was discussed. One suggestion proposed that the present Local

Health Authority consultative clinic should continue and be augmented by additional sessions at Nantyglyn Clinic with the same staff, except that the Clwyd and Deeside Hospital Management Committee would provide the services of a Consultant Obstetrician for the additional sessions. Thus the Local Health Authority would provide the accommodation, equipment and ancillary staff while the Hospital Management Committee provided the services of a Consultant Obstetrician. A final decision has not yet been reached, but it would seem that this suggestion has much to commend it.

The changing situation along the coast area has enabled Mr. R. Owen Jones to give one session per month to Llanrwst. The consultative clinic in this area is much appreciated.

ANTE-NATAL AND POST-NATAL CLINICS

The post-natal clinics are incorporated with the ante-natal clinics and no special sessions are held for this purpose.

The County Obstetric Officer attends at ante-natal and post-natal clinics as follows:—

TABLE XII

Location	Day and Time	Number of sessions per month	Average number of new cases per session	Average number of re-examinations per session
Abergele ...	Thurs., a.m.	1	1	4
Colwyn Bay ...	Thurs., a.m. & p.m.	2	1	5
Denbigh	Fri., a.m.	2	5	7
Cefn	Fri., a.m.	2	5	16
Llangollen ...	Tues., p.m.	2	4	14
Rhos	Thurs., a.m.	2	3	12
1 Grosvenor Rd., Wrexham ...	Wed., a.m.	4	10	24

In addition to the routine medical examination of mothers, blood is obtained for Wassermann and Rh. tests. Instruction in ante-natal care is given, and at the Assistant Medical Officer's session the instruction given includes mothercraft.

The Assistant Medical Officers attend the ante- and post-natal clinics as follows:—

TABLE XIII

Location	Day and Time	Number of sessions per month	Medical Officer in attendance
Llanrwst	Tuesday, a.m.	2	Dr. M. Jones Roberts
Denbigh	Wedn'day, a.m.	2	Dr. A. A. Shone
Colwyn Bay	Friday, p.m.	4	Dr. W. McKendrick
Cerrig	Friday, a.m.	1	Dr. M. Jones Roberts

The Wrexham, Powys and Mawddach Hospital Management Committee ante-natal clinics held in Local Health Authority premises are:—

TABLE XIV

Location	Day & time	Number of sessions per month	Average number of new cases per session	Average number of re-examinations per session
1, Grosvenor Rd., Wrexham	Wed., a.m.	4	10	24
Plas - yn - Rhos, Rhos, Wrexham	Thur., a.m.	2	3	12
C'nty Clinic, Cefn.	Fri., a.m.	2	5	16

Family Planning.

The Family Planning Association has continued to provide a weekly clinic both at Colwyn Bay and Wrexham. These clinics function in conformity with prescribed policy and in association with the Local Health Authority service. During the year there were 268 new cases at Wrexham with a total attendance of 756, and 172 new cases attended at Colwyn Bay with a total attendance of 625.

Puerperal Pyrexia and Ophthalmia Neonatorum.

18 cases of puerperal pyrexia were notified and of these 12 occurred in hospital, 6 in domiciliary cases. Those occurring in domiciliary practice were thoroughly investigated and the appropriate action taken when necessary.

Ophthalmia Neonatorum.

Two cases were notified during the year. Both responded satisfactorily to treatment and there was no detectable residual damage to the eyes.

CHILD WELFARE

Notification of Births.

In accordance with statutory requirements, 2,545 live births and 71 still births were notified during the current year. A list of notifications is dispatched at the end of the week to the Registrar of Births.

Child Welfare Clinics.

During 1953, all Child Welfare Clinics were arranged to be held in the afternoons, with the exception of Cerrigydrudion, and it is evident that, on the whole, this change has been for the better. The majority of mothers prefer an afternoon session and, administratively, it simplifies the allocation of staff duties.

Some clinics have been so well attended that consideration has been given to having more frequent sessions, but this cannot be done as the staff is already fully committed. Three new clinics were opened during the year and the attendances have substantiated the demands for clinic facilities at these places.

The needs of the more rural areas must not be ignored and, in response to requests for clinic facilities, arrangements are being made for special transport to bring in mothers and children from outlying parts to the clinics already in operation. From initial experience, such an arrangement seems to be very satisfactory.

CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances ...	2053
Total number of attendances ...	19118

Age 1 - 5 years:

Total number of attendances ...	14697
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TABLE XV

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1953 with regard to the Maternity and Child Welfare Centres established in the County

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1953	No. of children who attended during the year born in 1951-48	Present arrangements for medical supervision
Abergele, Pentre Mawr	Weekly	Thursday	29	62	58	Assistant
Broughton, Church Hall	Fortnightly	Monday	32	47	56	Med. Officer
Brymbo, Council School	"	Thursday	35	46	39	"
Cefn, County Clinic	Weekly	Monday	33	90	86	"
C'druidion, Presbyterian Church ...	Monthly	Friday	13	12	22	"
Chirk, Ambulance H.Q.	Fortnightly	Thursday,	33	40	59	"
Coedpoeth, Penygelli Schools	"	Monday	36	74	52	"
Colwyn Bay, Nantyglyn Road	Weekly	Tues., a.m.,	40	141	160	"
Church Room, Mochdre	Fortnightly	Monday	36	22	25	"
Church House, Llysfaen	"	Monday	18	15	24	"
Denbigh, County Clinic	Weekly	Wednesday	25	103	94	"
Glan C'way, Church Institute	Fortnightly	Monday	33	25	29	"
Glynceiriog, Ceiriog Institute	"	Tuesday	9	16	17	"
Gresford, Church House	"	Friday	15	19	31	"
Holt, Kenyon Hall	"	Wednesday	19	24	18	"
Johnstown, Christchurch Chapel School Room	"	Friday	22	31	22	"

Table XV (continued).

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in	Present arrangements for medical supervision
Llanddulas, C.M. Chapel	Fortnightly	Monday p.m.	10	12	Assistant
Llangern'w, Memorial Hall	Monthly	Thursday p.m.	16	7	Med Officer
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	35	49	"
Llanrwst, County Clinic	"	Tuesday p.m.	68	65	"
Llanrhaiadr Y.M., Public Hall	"	Monday p.m.	8	33	"
Llay, County Clinic	Weekly	Tuesday p.m.	20	63	"
Rhos, Plas-yn-Rhos Cty. Clinic	"	Wednesday p.m.	29	122	"
Rhosrobin, County Clinic	Fortnightly	Friday p.m.	27	50	"
Rhostyllen, Church Hall	"	Monday p.m.	27	32	"
Rossett, Men's Institute	"	Wednesday p.m.	20	29	"
Ruabon, Old People's Hall	"	Thursday p.m.	25	40	"
Ruthin, Baptist Chapel	"	Tues., a.m., p.m.	25	62	"
Southsea, Church Institute	"	Thursday p.m.	37	49	"
Wrexham, Gatefield	Weekly	Monday p.m.	49	84	"
Garden Village	"	Wednesday p.m.	20	36	"
Queen's Park	"	Thursday p.m.	30	107	"
1 Grosvenor Road	"	Mon., Wed. p.m.	31	215	"
Vron- cysyllte, Primitive Chapel	Fortnightly	Tuesday p.m.	7	5	"
				2	

DENTAL CARE

The appointment of Mr. J. P. Reid to the Western part of the County has relieved considerably in that area the difficulties of providing dental care for the priority groups. However, the position in the East has not changed, with the exception of the appointment of Mr. B. T. Broadbent, as Orthodontist, on a sessional basis. Every possible assistance is given to the Chief Dental Officer so that he can devote his entire energies to his clinical duties; but it must be realised that while so far below establishment it is quite impossible to do more than give urgent and emergency treatment.

Dental anaesthetics have been given by Assistant Medical Officers equivalent to half the time of one Assistant Medical Officer. Additional clerical and dental nursing assistance have been allocated.

TABLE XVI
ANNUAL RETURN OF WORK.
EXPECTANT AND NURSING MOTHERS.

January to December, 1953

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	21	3	138	47	209
No. accepting treatment	20	3	148	37	208
No. completed treatment	8	2	80	25	115
Attendances for treatment ...	37	12	554	166	769
Sessions devoted to treatment	7	2½	70	37	116½
Broken appointments	2	—	61	4	67
Anaesthetics:					
General anaesthetics	9	3	156	45	213
Local anaesthetics	7	1	1	19	28
Extractions:					
Permanent extractions	19	5	769	187	980
Temporary extractions ...	14	—	—	—	14
Fillings	1	3	4	6	14
Dentures supplied	2	1	100	42	145
Adjustments	2	2	71	26	101
Repairs	—	—	6	—	6
Sundries	1	—	11	3	15
Advice	6	—	45	9	60
Scaling and gum treatment ...	1	—	9	3	13

TABLE XVII
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1953

(a) Number provided with Dental Treatment.

	No. examined.	No. needing treatment.	No. treated.	No. made dentally fit.
Expectant and Nursing Mothers	209	209	208	115
Children under 5 years of age	201	178	174	174

(b) Forms of Dental Treatment provided.

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radio-graphs.	Complete dentures provided.
Expectant and Nursing Mothers ...	994	28	213	14	13	—	—	—	145
Children under 5 years of age	371	—	174	2	—	—	—	—	—

CARE OF PREMATURE INFANTS

During the year, 164 premature babies were born, of which 139 survived until one month old. The following table shows where the premature babies surviving to one month old were born.

Home	Private Nursing Homes	Regional Hospital Board Accommodation
24	4	111

WELFARE FOODS

Supply of Dried Milk.

The Ministry of Food distributes dried milk, orange juice, cod liver oil and vitamins at many of the Maternity and Child Welfare Centres.

In addition, certain brands of dried milk are sold at the clinics, together with a few nutriments. These are supplied at cost price to expectant and nursing mothers and young children. A total of 16,453 packets were sold during the current year.

PROVISION OF MATERNITY OUTFITS

Supplies of maternity outfits containing requisites in accordance with the Ministry's guidance, have been provided for domiciliary confinements. By providing clean and sterile basic essential dressings, another risk of infection has been eradicated. These outfits are supplied from the Health Department direct to the midwives.

502 maternity outfits were issued during 1953.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Admissions to Bersham Hall were limited to urgent cases during the early months of the year as some of the adaptations had not been completed, but the number in residence has increased steadily. Evidently this Home is meeting the needs of the area it serves and, in due course, it will prove not only a refuge for the unmarried mother during the difficult time before and after her confinement, but will also benefit them morally and spiritually. The rehabilitation of the mother is an important function of such a Home as this and already much has been done in this direction.

Although every effort is made to convince these mothers that they should retain their children, it would appear that arrangements for adoption have been made long before admission. This is regretted, for it would be to the benefit of mother and child, in many instances, if they were kept together. Usually, the decision has been made in early pregnancy and before the maternal instinct has been roused sufficiently to influence the mother's decision.

The following table shows the number of unmarried mothers admitted to Bersham from Denbighshire during 1953, the number, age, sex and disposal of the children.

No. Admitted	No. of Births		Sex		Remained	Adopted	Adoption
	Live	Dead	Male	Female	with Mother	by Relation	
9	8	—	5	3	—	—	8

MIDWIFERY SERVICES

Supervision of Midwives.

These duties have been performed by the Superintendent Nursing Officer, who has had to carry on throughout the year without the services of a Deputy. Obviously, it was impossible for the Superintendent Nursing Officer to perform all the duties devolving upon her without some assistance, and authority was given for the temporary appointment of an administrative assistant pending the Deputy Superintendent Nursing Officer's return to duty.

In accordance with the regulations of the Central Midwives' Board, every midwife and maternity nurse must notify the Local Supervising Authority in writing of her intention to practice. There are no midwives engaged privately in domiciliary midwifery, but they are employed by private nursing homes and the Regional Hospital Board.

	No. of Midwives
Employed by Local Health Authority (whole-time or part-time)	57
In private practice, domiciliary, private nursing homes	5
In hospitals	48

Training of Pupil Midwives.

Arrangements for the training of midwives in this area have now been completed. Bangor has been approved as a training centre for Part I and Wrexham for Part II of the Central Midwives' Board Examination. During the transition stage, students from Bangor are sent to Denbighshire to obtain domiciliary midwifery. Nine Denbighshire midwives have been approved by the Central Midwives' Board for instructing Pupil Midwives in the district. In due course it is hoped that the Trevalyn Maternity Hospital will be in a position to begin Part II training, so completing the scheme for this area.

Analgesia.

Forty-six domiciliary midwives have been trained to administer gas and air, and the requisite apparatus has been provided. Gradually, this valuable method of relieving pain during labour is becoming more universally accepted by the mothers—due, to some measure, to them having become familiarised with its use at the ante-natal clinic.

Of the 512 domiciliary births, 511 were attended by the Local Health Authority midwives, either in their capacity as a midwife or maternity nurse. Of these births, 161 received gas and air analgesia and 165 pethidine.

**Comparative Table of Live and Still Births for 1953
Occurring at Home or in Maternity Accommodation.**

	Live Births	Still Births
Domiciliary 	497	15
Maternity Accommodation	2048	56

MIDWIVES ACT, 1951. SECT. 14.

Medical Aid.

Number of patients for whom medical aid was summoned by a Certified Midwife	112
Total amount of medical claims paid by Local Health Authority	£242 17s. 3d.

DELIVERIES ATTENDED BY MIDWIVES

DURING 1953

	Number of deliveries attended by Midwives in the area during the year				
	D o m i c i l i a r y C a s e s				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not pre-sent at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not pre-sent at time of delivery of child	
Midwives employed by the Authority	25	258	81	147	511
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	1	—	1
Totals	25	258	82	147	512

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day	1574
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Breast Feeding.

Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day	442
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HEALTH VISITING

The Health Visiting situation in the County has not materially changed since the Report on the previous year. It has been possible to maintain the staff at full establishment strength but, as has been emphasised previously, the present establishment is inadequate. The demands on the Health Visitor are constantly increasing and, important though research may be, it is quite impossible for the present staff to undertake any more work of this nature without serious detriment to their basic duty of home visiting. It is evident that there is a need for reorientation of ideas on the relative importance of the various duties of a Health Visitor and, in my opinion, her relationship to the family and home is of paramount importance.

New clinics were opened during the year and while this gives satisfaction in some respects it does mean less time being spent by the Health Visitors in the homes.

In the sparsely populated districts it has been found that amalgamation of Health Visitor-District Nurse/Midwife into the one post is both economic and efficient. Probably this trend will spread and the rural areas will be served by a person who combines the preventive and curative functions.

TABLE XVIII.

Table (a)

First visits to children under 1 year of age ...	3038
Total visits to children under 1 year of age ...	18796
Total visits to children between 1 and 5 years ...	20121
First visits to expectant mothers	246
Total visits to expectant mothers	302
Total visits to other cases	1017

TABLE XIX
Summary of Work of Health Visitors.

Table (b).

District.	No. of visits to children under 1 year.		No. of visits to children 1—5 years.	Expectant mothers.	
	First visits.	Total visits.		First visits.	Total visits.
Rhos, Penycæ and Johnstown	179	1166	1753	30	49
Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt	199	1396	1465	2	2
Coedpoeth, Southsea, New Broughton, Bwlchgwyn .	158	1236	1394	65	72
Brymbo, Broughton, Summerhill	141	1293	1456	—	—
Llay, Gresford, Rhosrobin	208	1258	544	1	1
Llangollen and Cefn	253	2098	991	3	3
Abergele and part of Aled	114	843	1352	36	41
Denbigh and part of Aled	429	1255	1529	2	3
Llanrwst Area, Hiraethog	116	971	1615	29	43
Llansilin, Chirk, Glynceiriog and Vroncysyllte	202	1523	1201	11	17
Ruthin Borough, Ruthin Rural and Cerrig	324	1606	2226	—	—
Borough of Colwyn Bay	225	1862	2027	1	1
Borough of Wrexham	490	2289	2568	65	70
Totals	3038	18796	20121	246	302

HOME NURSING

There are 58 Home Nurses employed by this County. The majority are also midwives and one combines as well the duties of a Health Visitor. This is an exacting service, demanding a high sense of devotion to duty. Work commences early and finishes late at the best of times; and throughout the rigours of winter the Home Nursing Service has maintained its high standard of service to the public. Although the number of domiciliary confinements has fallen to a low level, this loss has been more than compensated for by the increase in the general nursing. Hospitals and general medical practitioners are relying more and more upon the District Nurses and they are called upon increasingly to participate in the domiciliary treatment of patients. The present-day District Nurse is mobile, well equipped, efficient and up-to-date. Cars are either provided by the County Council or a mileage allowance is paid. The Superintendent Nursing Officer inspects all equipment regularly and every Nurse attends a refresher course at periodic intervals.

General medical practitioners and District Nurses co-operate closely, thus forging a useful link between the general practitioner and the Health Department. In addition to purely nursing duties, the District Nurse is, especially in rural areas, the one person to whom those in distress turn, and, consequently, she becomes a social worker "par excellence." That this is so, is evident from the valuable information which constantly flows from these sources into the central office and also by the tributes received from grateful patients or relatives.

TABLE XX

SUMMARY OF CASES ATTENDED AND VISITED BY HOME
NURSES DURING 1953

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year	(11) Patients incl. in (2)-(7) who have had more than 24 visits during year
Number of cases attended by Home Nurses during the year	3340	1810	3	158	19	20	5350	635	254	347
Number of visits paid by Home Nurses during the year	77419	41110	10	4314	66	311	123230	8196	1152	7661

VACCINATION

Facilities are now available for vaccination against smallpox at all the Child Welfare Clinics, but, despite strenuous efforts by the Department, the percentage of infants vaccinated remains low.

TABLE XXI

Vaccinations Performed during 1953

Primary Vaccinations	Re-vaccinations.
Under 1 year 694	Under 1 year —
1 - 4 years 172	1 - 4 years 1
5 - 14 years 39	5 - 14 years 27
15 years and over ... 98	15 years and over ... 206

DIPHTHERIA IMMUNISATION

It is not possible to assess accurately the immunisation state of the children in the County because the data collated is incomplete. Many mothers assert that their infants have been immunised by their private medical practitioners, but no record has been forwarded to the Health Department. From an examination of the statistics, the position is not satisfactory, but probably the immunity state is better than would at first appear, for again there were no deaths from, or notifications of, diphtheria during 1953.

The need to maintain immunity against diphtheria is constantly being impressed upon the public, but many new entrants into schools have not received a booster dose. A careful check is made on all entrants into schools and efforts are made to ensure the maintenance of the child's immunity.

The number of children immunised in the County during the year 1953 was as follows:—

	Under 5 years	5 - 15 years	Total
No. immunised with Diphtheria Prophylactic	191	82	273
No. immunised with combined Diphtheria/Pertussis Prophylactic	1431	11	1442
Total no. immunised against Diphtheria	1622	93	1715
“ Repeat ” Doses			2295

WHOOPING COUGH

Parents seem far more concerned with providing their infants with immunity against whooping cough than any other disease and I doubt whether the number immunised against diphtheria would be as high but for the fact that a combined diphtheria/pertussis vaccine is employed.

Unfortunately, this immunising agent is not supplied free by the Ministry of Health, although, apart from any other consideration, the antigenic properties of the combined vaccine are as efficacious for diphtheria as other vaccines currently in use. General medical practitioners have frequently requested supplies from the Health Department but, in view of the expense, the requests have been refused. It would stimulate doctors to greater activity in this field if supplies were made available free without the necessity of completing a prescription slip for each child.

TABLE XXII

**Number of cases of Whooping Cough notified
since 1947 in Wrexham and Colwyn Bay Boroughs**

and the Administrative County

Year	Wrexham Borough	Colwyn Bay Borough	County
1947	31	21	207
1948	197	12	697
1949	20	44	143
1950	238	14	213
1951	70	17	321
1952	115	12	161
1953	111	15	191

No. immunised with Pertussis Prophylactic 12

No. immunised with combined Diphtheria
and Pertussis Prophylactic 1442

Total no. immunised against Whooping Cough ... 1454

AMBULANCE SERVICE

The demands on this service have continued unabated and it has necessitated firm control and ingenuity to maintain an efficient service without increasing the resources available. There still remains wide disparities in the demands made by various general medical practitioners and hospitals and also in the extent of co-operation received. It has been necessary on more than one occasion to impress upon medical staff that the Ambulance Service is administered by the Local Health Authority for the benefit of the patients and not the whims or convenience of

individuals. Besides, the Ambulance Service must respond to priorities, and alternative means of transport, to be decided upon by consultation, must be used under certain circumstances. Following a minor operation, there can be but exceptional circumstances when a patient cannot travel by rail, especially when the roads are snow and ice bound. Yet one consultant refused to allow a patient to travel a short journey under these circumstances and flatly refused to give any reasons for such an attitude. Without administration this service would become chaotic and, as has been stated, the Local Health Authority must, under present legislation, insist upon this being recognised by those who make demands on the service.

The ambulance transport is provided on an agency basis by the Welsh Home Service Ambulance Committee and the Colwyn Bay Ambulance Corps. Apart from three paid drivers, the ambulances are manned by volunteers. It is pleasing to pay tribute to the excellent work which these men have done freely for this service; but the lack of central control, the independent and parochial attitude of each station and the difficulty of establishing a personal responsibility add considerably to the complexities of co-ordination.

A scheme for the provision of a central control at 16 Grosvenor Road, Wrexham, has been under consideration for a long time but it has not yet resulted in any definite action.

Day to day control of the use of ambulances and sitting case cars in the Western part of the County was delegated to Dr. McKendrick and his staff at Colwyn Bay. This policy was designed to ensure closer control and greater co-ordination of daily administration of the service. The success of this decentralisation is reflected in the reduction in the total mileage in the Colwyn Bay area as shown in the following comparative table:—

	Patients Conveyed		Total No. of Miles	
	1952	1953	1952	1953
Ambulances	1758	1984	42541	37357
Sitting Case Car and Hospital Car Service	4637	3265	46336	34809
Total	6395	5249	88877	72166

In previous reports I have indicated the need for and the benefits that would accrue from a more centralized and direct control over the Ambulance Service. The continued decrease in mileage, despite increased demands, amply substantiates the steps already taken. Further improvements could be made if schemes already submitted were implemented. To indicate on a financial basis the benefits that have already resulted, the following tables have been prepared which show the diminution in mileage, and an estimated economy resultant on control being established. These reductions are the outcome of better co-ordination and integration of the service, and diligent efforts by the staff of the Health Department.

	1953	1952	1951	1950	1949
Total no. of patients conveyed	39099	39258	33846	27500	29886
Total no. of miles ...	428719	447676	452748	451087	518355
No. of miles per patient	10.9	11.4	13.4	16.4	18.4

If the number of patients carried had been constant at 39,099 (number carried in 1953) for each year enumerated, the mileage travelled would have been as shown below:—

Year	Estimated mileage in relation to 1953 patient miles	Difference between actual and estimated mileage	Resultant economy estimated at 1/3d. per mile (1953 ascertained cost)
1953	428719	—	—
1952	445740	17021	£1064
1951	523940	95221	£5951
1950	641240	212521	£13282
1949	719440	290721	£18170



TABLE XXIII

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	514	8749
Colwyn Bay	1106	18338
Colwyn Bay Isolation Hospital	82	902
Cerrigydruidion	63	3385
Denbigh	378	8490
Llangerniew	137	5127
Llanrwst	145	4241
Ruthin	301	9712
Brymbo	2351	20408
Cefn	2820	26104
Chirk	565	13595
Llay	1474	13591
Rhos	2974	24073
Wrexham	11952	70616
Wrexham Isolation Hospital ..	175	1329
W'ham Mae'or Gen. Hospital	1081	1202
	<hr/>	<hr/>
	26118	229862

SITTING CASE CAR SERVICE

Reliance for this service rests completely on private taxi proprietors and the W.V.S. Car Pool. At the present time more applications are being received from proprietors for inclusion on the approved list. Many co-operate well but further regulations have had to be introduced to ensure economical and satisfactory service.

In some areas seasonal demands on taxis are heavy and difficulties are encountered, at such times, in meeting the needs

of the service. This is particularly the case in the coastal area for the influx of holiday-makers places an additional load, especially at week-ends, on the Ambulance Service. Taking this and other reasons into account, consideration was given to stationing a light ambulance at Abergele, which could be used for stretcher or sitting cases.

The Voluntary Car Pool Service has continued to render valuable assistance, particularly for female patients who have had to travel long distances. The number of cases conveyed was 2,345 and the total mileage was 56,108.

TABLE XXIV

Month	No. of cases conveyed	Total mileage
January	1140	14240
February	949	11581
March	564	11937
April	759	10039
May	713	9941
June	715	10626
July	1043	12613
August	743	11230
September	986	12483
October	1091	13733
November	892	12459
December	1041	11867
	<hr/>	<hr/>
Totals	10636	142749

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

This disease has received particular attention of Health Committees throughout the year, as tuberculosis has been amongst the most prominent of infectious diseases. Three more cases were notified in 1953 than in the previous year and this trend has caused concern and disrupted complacency. Many factors contribute to this situation and, while the increase in ascertained cases is disturbing, at least it can be said that it was not entirely unexpected and that, with an enlightened outlook, a more accurate assessment of the prevalence of this disease is now possible. With a more comprehensive appraisal of the situation it will be possible to direct counter measures with greater precision.

The Tuberculosis Health Visitors had, by 1953, become firmly established and their work in the community during this period has been concerned, to a large extent, in contact tracing. This, in the initial stages, will result in more cases being notified, but also in preventive action having been instigated at an early stage.

The Mass Radiography Unit visited the County on one occasion during 1953. The number of persons examined was 16,359 and of these 115 were referred for further investigation. The Unit is administered by the Regional Hospital Board at Cardiff, and while I acknowledge the assistance given to the Department, I feel that it would be more effective if the Unit's activities were directly under my control while it operated in Denbighshire.

The Chest Physician, Dr. Clifford Jones, has arranged one session per week at Wrexham and one session at Denbigh for the examination of contacts.

On notification of tuberculosis from a school, contacts have all been examined clinically, radiologically and by the Mantoux test.

The Consultant Chest Physician expressed the opinion that "... Although the actual number of contacts examined during 1953 shows a considerable increase over the previous years, the number relative to the total number of new cases and to the total number of cases on the register is disappointingly small. I think a fresh effort by all concerned is called for but, at the same time, one feels that our contact programme is gradually gathering momentum and the 1954 figures will, in any case, show a considerable increase. It is interesting to note that contact examination still pays dividends, as in the eleven patients diagnosed out of the number of 259 new contacts of new cases."

“Certainly a great deal of co-operation and close work is done between the Disablement Resettlement Officer and the chest team, with the result that more patients are being employed now than formerly, but I still feel, however, that the number of our patients who are satisfactorily employed is disappointingly low. I think this is partly due to the fact that no one member of our chest team is able to devote his or her undivided attention to this problem. The doctors are, of course, most interested in following up their patients, particularly with reference to rehabilitation and to helping them secure a suitable job. So, also, is the Health Visitor, and co-operation with the Disablement Resettlement Officer secures, in some cases, a post for the patient.”

“This is a case in point where the services of a Welfare Officer would be of great help so that one person could follow through the patient's history after discharge from sanatorium and particularly when he or she becomes fit for work, secure continuity of effort towards re-employment. Until some step is taken to appoint a Welfare Officer, the number of patients who are satisfactorily employed will be smaller than it should be.”

Total no. of cases on register in 1953:

Pulmonary	...	...	...	...	...	...	...	1362
Non-pulmonary	...	...	...	...	...	...	...	365
Total no. of notifications	...	...	...	...	...	...	...	227
No. of new contacts seen of new cases notified	...	...	...	...	...	...	...	259
No. of contacts notified of this number	...	...	...	...	...	...	...	11
No. of old contacts seen of old cases	...	...	...	...	...	...	...	995

As in previous years, Health Education has been propagated at clinics, schools and exhibitions. Re-housing of tuberculous patients has been given priority by the majority of authorities and the routine X-ray examination of those coming into contact with the children has been the accepted policy.

District Nurses and Home Helps have continued to attend patients in their own homes. During the year, 171 patients received additional nutriments, bedding and comforts. Mainly, patients are given milk and a few have beds, etc., on loan, while voluntary agencies have given further assistance.

Difficulties have been encountered upon the discharge of patients from sanatoria where home conditions have not been conducive to continued recovery. Garden shelters have been of value in some cases, but there are no facilities for the chronic infectious case and it would appear that a hostel for these is needed in North Wales.

TABLE XXV
Cases on Tuberculosis Register on 31st December, 1953

Respiratory.			Non-respiratory.		
M.	F.	Total	M.	F.	Total
768	594	1362	200	165	365

TABLE XXVI
Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales for 1953 and each of the preceding ten years.

Year	Death Rate per 100,000 of the Population:			
	Urban	Rural	Whole County	England & Wales
1943	51.5	44.5	47.8	56
1944	59.4	46.0	52.2	52
1945	56.3	49.8	52.9	52
1946	49.2	48.9	47.9	47
1947	55.5	46.2	50.5	44
1948	42.8	42.0	42.3	40
1949	43.8	42.8	43.3	32
1950	34.4	35.0	34.7	28
1951	29.2	19.5	24.0	31
1952	21.6	20.6	21.1	—
1953	17.7	13.1	15.2	—

During the year under review the number of cases notified was 126 males and 101 females. The age and sex distributions are given in the following table.

TABLE XXVII

Age	Respiratory			Non-Respiratory		
	M.	F.	T.	M.	F.	T.
0	—	—	—	—	—	—
1	—	1	1	—	—	—
2	3	2	5	1	4	5
5	—	7	7	4	3	7
10	2	3	5	2	3	5
15	7	10	17	1	1	2
20	10	18	28	—	1	1
25	12	18	30	2	2	4
35	24	12	36	1	1	2
45	29	4	33	—	2	2
55	15	7	22	—	—	—
65	8	2	10	1	—	1
75	4	—	4	—	—	—
Totals	114	84	198	12	17	29

TABLE XXVIII

Tuberculosis

Active Cases on Registers according to Sanitary Areas
on 31st December, 1953

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases re- moved from the Register during the year.		No. of cases re- maining on the Register at the end of the year.	
	Pulmon.	Non- Pulmon.	Pulmon.	Non- Pulmon.	Pulmon.	Non- Pulmon.	Pulmon.	Non- Pulmon.
Western No. 1.								
Abergele	Males Females	32 24	2 2	2 —	6 9	1 —	34 17	3 2
Colwyn Bay	Males Females	62 41	9 8	3 —	23 12	1 2	56 37	11 6
Aled	Males Females	17 23	4 2	— —	6 11	3 —	17 16	1 2
Western No. 2.								
Denbigh	Males Females	60 42	15 16	1 2	8 10	6 3	67 42	10 15
Llanrwst	Males Females	14 9	2 6	— 1	2 3	2 4	14 11	— 3
Ruthin Borough	Males Females	12 11	3 1	1 —	4 2	2 1	12 15	2 —
Hiraethog	Males Females	14 17	3 4	— —	8 6	1 1	13 14	2 3
Ruthin Rural	Males Females	36 49	12 14	— 3	18 25	3 4	30 29	9 13

Table XXVIII (cont.)

Tuberculosis (continued).

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham								
R.D.C. Males	356	141	38	6	27	4	367	143
Females	295	99	27	4	32	6	290	97
Ceiriog	30	10	4	—	4	4	30	6
Females	23	7	1	2	6	2	18	7
Llangollen	14	—	3	1	2	—	15	1
Females	9	1	—	—	1	—	8	1
Eastern No. 2.								
Wrexham Bor. ..	138	28	27	—	52	16	113	12
Females	108	29	25	6	36	19	97	16
Totals	1436	418	237	32	311	85	1362	365

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1953.

TABLE XXIX

Location		No. X-rayed	No. re-X-rayed with larger picture	No. referred to Chest Clinic as query T.B.
Ruabon	Males	300	20	4
	Females	345	9	3
	Total	645	29	7
Rhos	Males	1224	288	11
	Females	854	47	6
	Total	2078	335	17
Llanrwst	Males	242	14	4
	Females	186	9	2
	Total	428	23	6
Abergele	Males	289	15	3
	Females	408	14	2
	Total	697	29	5
Llanfair T.H.,	Males	77	7	1
	Females	99	7	1
	Total	176	14	2
Colwyn Bay	Males	1781	94	13
	Females	1992	73	8
	Total	3773	167	21
Denbigh	Males	269	3	1
	Female	451	13	1
	Total	720	16	2
Ruthin	Males	416	18	2
	Females	504	27	2
	Total	920	45	4
Llangollen	Males	169	21	—
	Females	230	11	—
	Total	399	32	—

Table XXIX (continued)

Location		No. X-rayed	No. re-X-rayed with larger picture	No. referred to Chest Clinic as query T.B.
Cefn	Males	160	28	1
	Females	163	10	—
	Total	323	38	1
Llay,.....	Males	313	100	2
	Females	171	15	1
	Total	484	115	3
Brymbo	Males	134	13	2
	Females	230	8	1
	Total	364	21	3
Wrexham	Males	2594	344	22
	Females	2758	153	22
	Total	5352	497	44
Grand Totals .	Males	7968	965	66
	Females	8391	396	59
	Total	16359	1361	115

Blind Persons.

Until 1951 the responsibility for blind persons remained with the Health Department, when it was decided to transfer this function to the Welfare Department. It was with regret that I relinquished this duty, for blindness, from all standpoints, invariably presents physical and psychological problems of a complex nature which profoundly influence all the activities of those so afflicted. To ameliorate such problems requires the closest possible co-ordination of all the agencies available and a precise assessment of the value of the various therapeutic advice and treatment. Blindness in the elderly is often associated with other degenerative conditions and the Health Department services are frequently in demand, so that inevitably there is, under this new arrangement, some duplication of work. School children who are blind are dealt with under the Education Act, but responsibility is transferred when they leave school. Such sub-division of responsibility is regretted.

During 1953, the Health Department, which is responsible for ascertainment of the blind, examined 99 blind persons and informed the Welfare Department that 61 should be registered as blind persons.

	Males	Females
No. of cases on Register	193	257
No. of cases ascertained during 1953	27	34
No. of cases ascertained during 1953 with:		
(a) cataract	9	14
(b) glaucoma	6	7
No. of cases of blindness due to retrolental fibroplasia	—	—

Epileptics.

The information available to the Health Department regarding the incidence of epilepsy is limited to the pre-school leaving age and while most cases of “grand mal” are known it is probable that some of the “petit mal” cases are not ever diagnosed, especially if the condition does not materially interfere with activities. Known epileptics have been under surveillance and special provision is provided for their training at special schools and colonies.

The responsibility for the welfare of adult epileptics rests entirely with the Welfare Department, but as yet, as far as I am aware, no specific scheme for epileptics has been formulated. Responsibility for epileptic children at the age of 16 years is transferred to the Welfare Department. Close co-operation exists between the School Health Service, the general medical practitioner, the paediatrician and the child guidance psychiatrist in the diagnosis and treatment of epileptic children and, if special educational treatment is required, every effort is made to provide this. Consultations occur with the Youth Employment Officer with regard to the placing of epileptic children in suitable work.

**Number of Ascertained Epileptics According to Age and
Sex Distribution, and in Residential Accommodation**

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	3	1	1	—
10 - 15	2	3	1	1
15 - 25	4	—	3	—
25 - 50	2	6	2	6
50 and over	3	3	3	3

Spastics.

Attention has been focused on spastics in recent years and now that it is appreciated that treatment and training can benefit this handicapped group, the diagnosis and ascertainment of this condition has improved.

Again, the known cases are, in the main, under 16 years of age. Here, the severity of the condition decides, to a great extent, whether the cases become known to the Health Department. Children with slight disabilities are inclined to be grouped with the physically handicapped. The more severely afflicted are diagnosed at an increasingly early age and are referred to cerebral palsy units, so that training and treatment can be commenced at as early an age as possible.

**Number of Ascertained Spastics According to Age and
Sex Distribution and in Residential Accommodation**

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	—	3	—	—
10 - 15	1	1	1	1
15 - 25	1	—	—	—

Convalescent Homes.

Patients needing convalescence are referred mainly from the hospitals and only a few by the general medical practitioner. It is difficult to determine precisely the responsible authority in many cases referred from hospital. Evidently the accommodation at convalescent homes available to the Welsh Regional Hospital Board is restricted, and while the demand from general practitioners is so small it is possible to accept financial responsibility for some of these border-line cases.

During 1953, arrangements were made for 18 patients to go to convalescent homes for an average period of two weeks.

DOMESTIC HELP SERVICE

The Domestic Help Service has continued to develop as a social service on principles previously defined. Demands have been heavy, but it is gratifying to report that no deserving case failed to receive the necessary attention promptly and effectively. The value of the Domestic Help Service is becoming universally recognised, especially by the general medical practitioners, who find that it is possible to keep suitable patients under treatment at home if a Home Help is provided.

Applicants for domestic help have to complete a financial statement if unable to pay the full charge. The assessment scale was amended realistically to meet the increased incomes and the additional costs associated with illness.

The number of Domestic Helps employed on the 31st December, 1953, was:

(a) Whole-time	...	...	...	...	1
(b) Part-time	...	...	...	...	99

The number of cases where domestic help was provided during the year was:

(a) Maternity (incl. expectant mothers)	63
(b) Tuberculosis	31
(c) Chronic Sick (inc. aged and infirm) ...	103
(b) Others	130
	<hr/>
	327
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MENTAL HEALTH SERVICE

Progress in this sphere has been tardy, but during the year it was possible to centralise control of both staff and administration in the Health Department. Further, the North Wales Mental Hospital and Local Health Authority plan for the provision of a joint Mental Health Service was approved.

Shortage of lunacy and mental deficiency accommodation has caused difficulties, but invariably the most urgent cases were admitted.

Lunacy and Mental Treatment Acts.

TABLE XXX

Cases dealt with by the Duly Authorised Officers.

	M.	F.	T.
Lunacy Act, 1890.			
Summary Reception Order	28	40	68
"Three Day" Order, Sect. 20	3	3	6
Urgency Order, Sec. 11	—	—	—
Mental Treatment Act, 1930.			
As Voluntary Patient	99	129	228
As Temporary Patient	—	—	—

TABLE XXXI

Mental Hospital Admissions, Discharges and Deaths.

	M.	F.	T.
No. of patients certified under the above Act and removed to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1953	31	43	74
No. of patients discharged during the year	41	51	92
No. of patients who died during the year	1	2	3
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1953	99	129	228
No. of voluntary patients who left the Hospital during the year 1953	92	117	209
No. of voluntary patients who died during the year 1953	—	—	—
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1953	—	—	—
No. of temporary patients discharged during the year 1953	—	—	—
No. of temporary patients who died during the year 1953	—	—	—

TABLE XXXII

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/53	57	92	149
No. of mental defectives under guardianship at 31/12/53	4	2	6
No. of mental defectives in "Place of Safety" at 31/12/53	—	—	—
No. of mental defectives under Statutory Supervision at 31/12/53	52	46	98
No. of mental defectives awaiting removal to an institution during the year 1953	49	46	95
No. of mental defectives (new cases) reported during the year 1953	7	9	16
No. of mental defectives admitted to institutions during the year 1953	2	3	5
No. of mental defectives taken to "Places of Safety" during the year 1953	—	1	1
No. of mental defectives placed under Statutory Supervision during the year 1953	5	6	11
No. of mental defectives that ceased to be under care by reason of death or removal from the area during the year 1953	1	13	14

PART IV

Environmental Hygiene

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Pneumoconiosis.

Following a visit of the mass radiography unit to Rhosllanerchrugog there was considerable concern regarding the large number who had been informed that there were radiological signs of the presence of dust in the lungs. Many of these men were employed at a nearby colliery. Although this is an environmental health problem, yet occupational, it does not come under the purview of the Local Health Authority. Although realising this, the Health Committee were of opinion that the County Medical Officer of Health should make enquiries.

It was arranged for the County Medical Officer of Health and the Deputy County Medical Officer to inspect the working conditions of the pit. I would express my appreciation for the courteous reception and assistance given by the Manager and the Divisional Medical Officer of the Coal Board.

Other officials indicated the scope of the Airborne Dust Survey which had been proceeding for the past five years. The amount of dust at various points were shown graphically and these demonstrated the effect of dust suppression. From the pit bottom to the coal face there was constant evidence of the attempts made to diminish the dust. Water sprays were sited at strategic points, such as the conveyor belt and transfer points. Again, drills and cutters in use had attachments for water spraying. Wind velocity was influenced by having wider roadways and the introduction of baffles. Ventilation received constant attention. The effects of these measures were noted at every stage up to the coal face, but, despite these strenuous efforts, there was an appreciable quantity of dust in the air at the face and loading points.

Masks of different patterns were available, but evidently these were too uncomfortable for men performing such heavy work. The conditions in this pit were conducive to pneumoconiosis, but undoubtedly the measures taken for dust suppression will result in a considerable reduction in incidence. The introduction of mechanisation does tend to counteract the dust suppression measures introduced, but evidently, from dust counts recorded, the standards in practically every area of the pit is at or very near to the level of safety. Research is being conducted by the Coal Board at this and other pits to establish the part played by various kinds and quantities of dust in causing pneumoconiosis, to determine safe levels of dustiness and to find the prevalence of this disease in specified pits.

The Industrial Injuries Act, 1946, provides that following the diagnosis of this disease the Pneumoconiosis Medical Board assesses the degree of disability. The number of such cases investigated has declined sharply since 1950, but it is evident that as this disease takes many years to develop, cases will arise due to conditions that existed in the pit before the introduction of dust suppression methods.

Deaths from or associated with pneumoconiosis in Denbighshire during 1950 were eleven, during 1951 and 1952, three. So the problem is not such an overwhelming one as in some other coal-fields.

Tuberculosis is often associated with this disease, but the incidence of respiratory tuberculosis in districts where these miners live shows no significant difference from other localities. However, to derive full benefit from the industrial medical supervision of miners a similar interest should be taken in the family and home environment, or otherwise the home conditions may counteract the benefits derived from scientific improvements at the pits.

TABLE XXXIII

INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1953 and, for comparative purposes, the nine preceding years are shown.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Scarlet Fever	294	276	157	149	273	249	264	123	141	123
Whooping Cough	429	175	256	259	906	207	465	408	288	317
Diphtheria	186	86	38	25	8	7	4	—	1	—
Measles	154	2252	659	1317	1537	820	1979	1849	712	2149
Acute Pneumonia	149	167	177	197	205	150	149	204	81	129
Meningococcal Infection	9	9	1	10	10	3	4	9	9	6
Acute Poliomyelitis:										
Paralytic										
Non-Paralytic	7	3	1	25	1	4	{	6	12	7
Acute Encephalitis:										
Infective								2	1	—
Post-Infectious								—	—	—
Dysentery	60	49	46	2	9	4	{	—	—	8
Ophthalmia Neonatorum	4	3	4	6	—	—	45	41	23	1
Puerperal Pyrexia	5	15	8	3	7	1	—	10	6	18
Smallpox	—	—	—	—	—	—	—	6	13	—
Paratyphoid Fever	6	7	3	2	4	1	{	—	—	—
Enteric or Typhoid Fever								1	5	—
Food Poisoning	—	—	—	—	—	—	1	—	—	—
Erysipelas	34	42	37	39	55	41	19	112	4	3
Chickenpox	8	—	—	7	10	1	31	14	32	26
Malaria	—	—	—	—	—	—	15	5	—	10
Pulmonary Tuberculosis	221	212	214	195	173	212	—	—	1	—
Non-Pulmonary Tuberculosis	59	37	30	41	40	49	169	165	231	202
Totals	1625	3333	1631	2277	3238	1749	3228	2866	1598	3028

TABLE XXXIV

The allocation of the several Infectious Diseases to the Sanitary Districts is shown in the following table:—

	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles.	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis (Paralytic).	Acute Poliomyelitis (Non-paralytic).	Acute Encephalitis (Infective).	Acute Encephalitis (Post-Infectious).	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Chickenpox.	Malaria.	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
Western No. 1.																							
Abergele	3	25	—	212	8	—	—	2	—	—	—	1	1	—	—	—	—	—	3	—	—	9	2
Colwyn Bay	9	15	—	211	15	—	—	1	—	—	—	—	1	—	—	—	—	5	—	—	—	21	2
Aled	8	8	—	48	2	—	—	—	—	—	7	—	—	—	—	—	—	—	1	—	—	8	—
Western No. 2.																							
Denbigh	3	—	—	33	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	2
Llanrwst	1	—	—	3	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	1
Ruthin Borough	—	3	—	14	7	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	8	1
Hiraethog	6	5	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—
Ruthin Rural	—	39	—	115	7	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	14	2
Eastern No. 1.																							
Wrexham R.D.	45	110	—	866	32	3	2	1	—	—	1	—	9	—	—	—	2	10	—	—	—	59	9
Ceiriog	4	1	—	69	2	—	2	—	—	—	—	—	4	—	—	—	—	—	10	—	—	—	—
Llangollen	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Eastern No. 2.																							
Wrexham Borough ...	43	111	—	574	49	1	2	—	—	—	—	—	1	—	—	—	—	6	—	—	—	47	5
Totals	123	317	—	2149	129	6	7	4	—	—	8	1	18	—	—	—	3	26	10	—	—	202	25

The following table gives the number of deaths from infectious diseases during 1953, together with comparative figures for previous years:

TABLE XXXV

	1947	1948	1949	1950	1951	1952	1953
Meningococcal infection	1	2	3	1	1	4	2
Measles	—	2	—	2	1	—	1
Whooping cough	2	2	1	2	4	—	1
Diphtheria	1	—	—	—	—	—	—
Acute poliomyelitis	3	—	—	5	2	—	—
Tuberculosis, pulmonary	69	63	62	51	36	26	25
Tuberculosis, non-pnary .	15	8	11	8	5	8	3
Pneumonia	80	73	75	63	63	44	70

Tuberculosis.

26 deaths from pulmonary tuberculosis occurred during the year, the same number as in 1952. Only three deaths from non-pulmonary causes were recorded, however, against eight in the previous year.

The death rate per million of the population of the County was 170.1.

TABLE XXXVI TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1944-1953.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total	
1944	1478	672	2150	73	13	86	522.4
1945	1593	692	2285	72	14	86	529.6
1946	1568	645	2213	67	12	79	479.0
1947	1616	650	2266	69	15	84	505.0
1948	1591	595	2186	63	8	71	423.8
1949	1293	434	1727	62	11	73	433.2
1950	1371	450	1821	51	8	59	347.7
1951	1393	435	1828	36	5	41	240.6
1952	1436	418	1854	26	8	34	193.3
1953	1347	362	1709	26	3	29	170.1

SANITARY CIRCUMSTANCES

Water Supply and Sewerage.

Throughout the year, at regular intervals, samples have been collected from the various water supplies in the County for bacteriological examination. Copies of the reports are forwarded to me by the Public Health Laboratory Service. With few exceptions, these have been most satisfactory, but it has been necessary in a few instances to investigate the reason for a piped supply not being up to the requisite standard. Defective mains or inadequate supervision of chlorination is more often than not the cause for an unsatisfactory bacteriological report. The independent sampling of water supplies ensures unbiased information and a more stringent supervision of the supply.

With improved water supplies, the disposal of sewage becomes more of a problem. Sanitary Authorities have constructed disposal plants, which if properly supervised and serviced, would operate satisfactorily; but this is not fully realised, with a resultant lowering in the standard of the effluent. The growth of towns increases the demands on the various services. The efficiency of disposal plants when used to full capacity rapidly decreases and a nuisance may result. This state of affairs had been reached at Denbigh, where the methods employed were unable to deal with the considerably increased amount of sewage. The position was further aggravated by the use of the land by a dairy herd. Plans for a new sewage disposal works have been accepted and the position will be rectified in the near future.

The County Sanitary Officer reports as follows:

“ **Water Supply.**—The County Council have now completed a comprehensive survey of all the existing water supply conditions in the County. They have also considered the extent to which future works will have to be carried out to enable all the County District Councils to meet their domestic and industrial needs.

“ The inadequacy of the water supplies provided by the existing sources through the County has been forcibly demonstrated during the drought periods. It became abundantly clear that although some more important water undertakings could be enlarged and improved, the full needs of the whole County could only be met by the development of some new major source or sources. Numerous small sources would only serve isolated areas and supervision difficulties would make them uneconomical to maintain.

“ It was found that a new major source would lead to greater reliability in quality and in the quantity of the water.

“ The estimated water deficiency in the County stands at 3.26 million gallons per day.

“ The County Council have therefore prepared a major comprehensive scheme based on Llyn Conwy which will adequately provide for the ultimate needs of all the County.

“ The County District Councils have been called as County Water Committee to discuss the proposed new major scheme, but little progress has been made.

“ The Western end of the County, which includes the Hiraethog Rural District and the parishes of Llanellian-yn-Rhos, Betws-yn-Rhos and Llanfairtalhaiarn in the Aled Rural District, have, as a matter of expediency, to be supplied from Llyn Conwy. The scheme has been modified so that it can, if necessary, form an integral part of the major County scheme. It is hoped that a scheme will be put in hand with all possible speed so that the Western end of the County, which is at present in urgent need of water, can be supplied.

“ Progress has been made in the preparation of schemes for the enlarging and improving of existing supplies.

“ **Aled Rural District.**—Works are in progress on a scheme based on Llyn Bran, in the Hiraethog Moors, and estimated to cost £136,504. The scheme will supply large areas in the parishes of Bylchau, Llansannan, Llannefydd and Nantglyn, in the Ruthin Rural District.

“ Work is also in progress on a scheme to supply water to the village of Llanellian-yn-Rhos. Water is to be boosted from the Colwyn Bay Borough Council's mains to a service tank, from which it will gravitate to all the properties to be served.

“ **Hiraethog Rural District.**—The Rural Council are considering proposals for the enlarging and improving of existing supplies at Pentrevoelas and Rhydlydan.

“ **Ruthin Rural District.**—The Rural Council have under consideration extensive proposals for improving and extending their existing schemes of water supply.

“ The County Council have approved one scheme of water supply for Llanarmon, Llanferres, Llandegla and Bryneglwys, estimated to cost £114,605.

“ Further schemes are contemplated in the near future for Aberwheeler, Llanynys, Gyffylliog and Llangwyfan Parishes.

“ **Wrexham Rural District.**—Schemes have been approved to serve (a) Wern and Aberoer district, estimated to cost £15,030 4s. 7d., (b) Tai Nant village, estimated to cost £6,743.

“ **Schemes of Sewerage and Sewage Disposal.**—Aled Rural District—Betws-yn-Rhos—estimated cost, £2,784 13s. 9d. Ruthin Rural District have gone to tender on a sewerage scheme for Rhewl and Gellifor villages, which are estimated to cost £29,000.”

Laboratory Facilities.

The following laboratories undertake a variety of examinations for the County Council:

The Pathological Laboratory, Maelor General Hospital;

Public Health Service Bacteriological Laboratory, Conway and Birkenhead.

The Pathological Laboratory, Chester Royal Infirmary.

Food and Drugs Act.

Analyses are also undertaken by Mr. F. A. Lowe, County Analyst, Chester.

PART V

Food Control

Throughout the year the District Medical Officers have emphasised the need for clean food production. The importance of this subject has been presented in many ways. Frequent and regular inspections of food premises have improved standards and publicity in the local press, at Health Committee meetings, and Health Weeks, have further assisted progress in this direction. Sampling by the Food and Drugs Officer has covered a wide variety of foods. However, the public still seems to be apathetic to the need for cleanliness and hygiene in food premises and the manner in which some members of the public handle their own food is but a poor incentive to producers and retailers to devote time and energy to ensuring satisfactory hygienic production of food.

Milk Supply.

The nutritional value of milk is universally recognised and it is a food which the public is increasingly demanding. The Ministry of Agriculture and Fisheries is responsible for supervision of production, while the Health Department is concerned with the cleanliness and quality of the milk delivered to the consumer. It is, therefore, helpful and informative to me to attend as a member of the Milk Sub-Committee of the Denbighshire Agricultural Executive Committee. While the primary emphasis at the Sub-Committee is on production, it is gratifying to note that gradually the importance of hygiene is being more fully appreciated. The work done by this Sub-Committee and staff has appreciably improved the conditions of milk production, with a resultant betterment in the quality of the milk supplied. The annual increase in the number of T.T. producers is gratifying, but there is a long way to go before tuberculosis has been completely eradicated from all the herds in Denbighshire.

The County Sanitary Officer has been intimately concerned with the milk supplies in the County, and he reports on his work as follows:—

“ Biological Examination of Milk.—I am pleased to report that the supply of guinea pigs to the Public Health Laboratory has improved during the second half of the year. This has assisted the County Council in implementing the provisions of Section 8 of the Food and Drugs Act, 1950.

Composite samples were taken from 343 herds. One sample taken from a road tank was reported to give a positive result of the presence of tubercle bacilli, and four samples showed evidence of brucella infection.

The infected milks were dealt with as directed in Part VII of the Milk and Dairies Regulations of 1949 and were diverted for heat treatment.

“ Clinical Examination of Dairy Cattle.

	No. of Herd Inspections	No. of Cattle Examined
(a) Tuberculin Tested and Certified Herds	1038	12345
Accredited and Standard Herds	293	7476
Non-designated Herds	206	3322
(b) Tuberculin Testing of Herds Licensed to produce Tuberculin Tested and Certified Milk.		
No. of Cattle tested		20276
No. of Reactors		44
(c) Tuberculosis (Attested Herds) Schemes.		
No. of Attested Herds		1861
No. of Supervised Herds		46

“ Pasteurising Plants.—There were eight pasteurising establishments in the County holding a Dealer’s Pasteurising Licence, but one establishment closed down during the year and the licence was surrendered.

During the year, 201 samples were taken and submitted to the Public Health Laboratory for examination. All the laboratory reports showed that the milks had been heat-treated in accordance with the conditions laid down in the regulations. One sample only failed to satisfy the methylene blue test, which test is an indication of the keeping quality of the milk.

“This is highly satisfactory and reflects credit on the management of the pasteurising establishments in the County. This position has been achieved by keen and constant attention to detail. There is always a tendency in all routine and repetitive work to take many things for granted—that the machine, having been designed for certain work, will not falter. The responsible supervising officer of the County Health Department has continually reminded the plant operatives that the pasteurising plant is a very sensitive machine and the slightest error in its running is immediately reflected in the milk supply.

“Detailed inspections have been carried out during times when the plants were operating, and at times when the plants and all piping were dismantled for cleaning and sterilisation.

“Minor faults were found during these inspections, but repairs and adjustments were immediately carried out by the owners.

“Particular attention has been given to the effective maintenance and running of mechanical bottle washing machines. It is useless placing properly pasteurised milk in bottles that are not sterile.

“Sample bottles were taken direct from the machine to the Public Health Laboratory for examination. Five unsatisfactory reports were received, affecting three different establishments. Samples of the water supply and also detergent strengths were examined. Faults were soon located and remedied, and all subsequent samples taken were reported to be satisfactory.

“I am pleased to report that a happy partnership exists between the dairy management and the Public Health Department, and here I must pay tribute to the management for their co-operation at all times.”

Adulteration of Food and Drugs.

The County Council's duties in connection with sampling under the Food and Drugs Acts, 1938-50, are undertaken by the staff of the Weights and Measures Department.

During the year under review, 464 samples were analysed by the Public Analyst, the particulars being as follows:—

TABLE XXXVII

Article.	No. obtained.	No. certified as adulterated or sub-standard.	Article.	No. obtained.	No. certified as adulterated or sub-standard.
Milk:			Mustard	2	—
Retail	319	55	Pepper	2	—
On delivery ...	9	5	Salt	1	—
Appeal to Cow	13	—	Vinegar	4	—
Butter	14	—	Dried Mint	1	—
Margarine	2	—	Arrowroot	1	—
Lard	1	—	Salad Cream ...	2	—
Cooking Fat ...	2	—	Sauce	1	—
Cheese	1	—	Chutney	1	—
Flour	2	—	Table Jelly	1	—
Oatmeal	1	—	Jelly Crystals ...	1	—
Bread	2	—	Lemonade Crystals	1	—
Buns	1	—	Blancmange	1	—
Cakes	2	—	Ice Cream	19	—
Cake Mixture ...	2	—	Sweets	4	1
Baking Powder .	2	—	Fresh Cream ...	2	—
Shredded Suet ...	2	—	Synthetic Cream.	1	—
Rice	3	—	Saccharin	3	—
Pearl Barley ...	2	—	Soft Drinks	4	—
Sago	1	1	Beer	7	—
Christmas P'ding	1	—	Gin	3	—
Mincemeat	1	—	Whisky	1	—
Condensed Milk .	4	—	Rum	1	—
Sugar	2	—	Brandy	2	—
Honey	1	—	Port type Wine .	1	—
Jam	12	—	Port Wine	1	—
Marmalade	1	—	Aspirin	1	—
Tea	1	—	Powdered Borax.	1	—
Coffee	2	—	Hyd'gen Peroxide	1	—
Cocoa	2	—	Cream of Tartar .	1	—
Luncheon Meat .	3	1	Amm. Tinc. of		
Sausage	14	—	Quinine	1	—
Meat Paste	2	—	Sweet Spirit		
Fish Paste	2	—	of Nitre	1	—
Tinned Fish ...	2	—	Bi-Carb. of Soda	1	—
Mixed Veg.	2	—	Gripe Mixture ...	2	—
Tinned Peas ...	1	—	Camphorated Oil	1	—
Tinned Beans ...	1	—	Olive Oil	1	—
Tinned Carrots ..	2	—	Tinc. of Iodine ...	1	—
Tinned Tomatoes	1	—			
Totals	437	62	Totals	80	1

PART VI

Miscellaneous

REGISTRATION OF NURSING HOMES.

(Sections 187 to 194 of the Public Health Act, 1936).

TABLE XXXVIII

	Number of Homes.	Number of beds provided for		
		Maternity.	Others.	Total.
Homes first registered during the year	—	—	—	—
Total Homes on the register at the end of the year	6	11	48	59

These Homes were regularly inspected by the Superintendent Nursing Officer, who reports that the standard in each one is satisfactory.

STAFF MEDICAL EXAMINATION

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1953 the number of such medical examinations totalled 263. In addition, members of the staff absent for prolonged periods owing to sickness have been examined by myself.

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